FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Jul 15 1997 8:00am Secretary of State

DOCU 1. Corporati	MENT ion Name	# N960	UUUU	0879 (4)						
SUNC	OAST LEA	THER CLUB, IN	C.								
Principal Pla	ice of Busines	<u> </u>	Mail	ling Address	<u> </u>						
10804 GANDY BLVD P O BOX 2772 ST PETERSBURG FL 33702 ST PETERSBURG FL 33731-2											
							3. Date Incorporate 02/16/199	ed or Qualified	3a. Da	ate of Last R	eport
2. Principal	Place of Busin	ness	2a. f	Mailing Address	4. FEI Number			X IAD	plied For		
21			26		_				nt Applicable		
Sulte, Ap	t. #, etc.			Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired		T	Additional equired
City & Ste	ate			City & State			6. Election Campai	on Financing	.,		 -
23			28				1 rust Fund Contr			\$5.00 Added t	
Zip	p Country			Zφ		ountry	8. This corporation				. 199.032,
24	9. Name and Address of Curre			29 30			Florida Statutes Yes X No 10. Name and Address of New Registered Agent				
	y, Name	and Address of Cur	tent Rediete	oreu Agent		81 Name	10. Mania and Wool	988 OI NOW HE	gistered	Agent	
DEIT7	MICHAEI					Mic	LAGIA.TOI	Inn			
DEITZ, MICHAEL 5232 BON VIVANT DR #67						82 Street Add	ress (P.O. Box Number		ble)		
7232 DON TIVANI DA \$67 TAMPA FL-33603-1848						83 5.5.0	- / Sh 3r				
I CHINI C	1 6 00000-1	040									
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was aut agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, office or registered agent.						84 City P	otorslance		FL	85 Zip (Code ろうすい
11. Pursuan	t to the provis	ions of Sactions 617.0	0502 and 617	7.1508, Florida Statu	ites, the	above-named cor	poration submits this sta	tement for the p	ourpose of	changing it	s registered
agent. I	registered ag am fam iliar w	ient, or boin, in the St ih, and accept the ob	ate of Florida digations of	a. Such change was Section 617.0503, F	authoria Iorida Si	red by the corpora latutes.	ition's board of directors	. I nereby acce	pt the app	iointment as	registered
SIGNATURE	Miche	ELA.TUI	Ar .	1 - 4.7		N. Carrette		\cup	4-1	1-97	
10	Signature, lypec	or printed name of registered	AND DIRECT		TF: Registe	red Agent signature requi	ired when reinstating) ADDITIONS/CHAI	VOES TO OFFI	DATE		OC 181 40
TITLE	T 'P //D	OFFICERS	AND DIRECT	DELETE		TITLE	ADDITIONS/CHAI	NGES TO OFFI	JEAS AINL	Change	Addition
NAME	1	AEL TOLL	A 0		1	NAME		•		C CINCINGO	
STREET ADDRESS	560	TTH ST	AC Souti	ıŧ		STREET ADDRESS	•				
City-ST-ZIP		eters bur			1	CITY-ST-ZIP					
TITLE	<u> 1</u> 2/2,	C) CANA	<u>d \ \</u>	DELETE	_	TITLE				Change	Addition
NAME	Sego	ME WHEAT	7		2.2	NAME .				•	
STREET ADDRESS	200	TH ST N	DETH		2.3	STREET ADDRESS			•		
CITY-ST-ZIP	SAFET		e FL	- 34695	2.4	I CITY-ST-ZIP					
TITLE	SA	_		☐ DELETE	3.1	TITLE		1,	•	☐ Change	Addition
NAME	ROBE			_	3.2	NAME					
STREET ADDRESS			ERALD	ST	- 6	STREET ADDRESS	•				
CITY-ST-ZIP	TAMP	4 FL 331	11-010	819		CITY-ST-ZIP				105-000	1 1 2 2 2 2 2 2 2
TITLE	TA			☐ DELETE		TITLE				Change	☐ Addition
NAME STREET LIBROSCO		e wager		.1		NAME		N.			İ
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP TITLE	Divert	ND THEL	- D	<u>\$781~3823</u> □ DELETE		CITY-ST-ZIP	ي شهم و المنظم و			Change	Addition
NAME	,	EL PUCKETI	_		1	NAME					
STREET ADDRESS	2451	DARTMOUTH	AVEN	ue North		STREET ADDRESS					
CITY-ST-ZIP		ERS BURY		3713		CITY-ST-ZIP					
TITLE	- · · · ·			DELETE	_	TITLE				Change	Addition
NAME					6.2	NAME					
STREET ADDRESS	;				6.3	STREET ADDRESS					
CITY-ST-ZIP					6.4	CITY-ST-ZIP					
14 I do here	aby certify tha	the information supp	lied with this	filing does not gue	lify for th	e exemption state	d in Section 119.07(3)(i).	Florida Statute	s I further	certify that	the

I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, in further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ACHERIAN HITETHANAHILI M